

PRESBYTERIAN-ST. LUKE'S

REVIEW

SPRING 1962

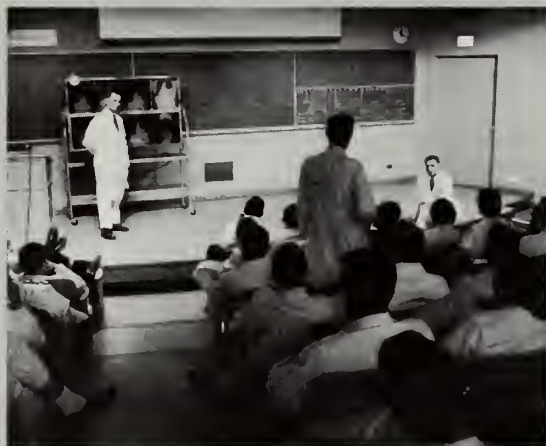


PRESBYTERIAN-ST. LUKE'S

REVIEW

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Dr. James A. Campbell, Division of Medicine chairman, presides. Drs. J. Bush, resident; and R. Buenger listen.



*Scene at recent Medical Grand Rounds.
L to R: Drs. G. Lucas, resident; R.
Muehrcke, attending staff; J. Campbell.*

MEDICAL GRAND ROUNDS

The Cover
and feature pictures
by Varies Fisher



The largest, patient oriented teaching exercise in Chicago's Medical Center District is held each Friday noon at Presbyterian-St. Luke's Hospital. Medical Grand Rounds is the epitome of quality in a teaching hospital.

In sharp contrast to a lecture or demonstration, Medical Grand Rounds focuses upon the problems of an individual as the best means of learning medicine. These sessions are a cohesive effort to bring together members of the attending staff, residents, interns, undergraduate medical students and student nurses. In addition, all the specialties and basic sciences are represented. They come together to learn by thinking about and discussing a patient and his problems.

Medical Grand Rounds provides and maintains a stimulating intellectual climate each Friday for some 200 members of an audience representing all ages and levels of medical training.

In 1951 at Presbyterian Hospital, Medical Grand Rounds were initiated by Dr. James A. Campbell, now chairman of the Division of Medicine at Presbyterian-St. Luke's Hospital, and professor of Medicine at the University of Illinois College of Medicine. Dr. Campbell presides at the Medical Grand Rounds, striving to create an hour of learning through direction of an audience participation, case method presentation.

Preparation for Medical Grand Rounds begins the preceding Wednesday. Medical residents meet with Dr. Campbell to select a patient for presentation who may represent a classic case, or present instead some unique or puzzling medical problem. He may be a private patient, or he may have been admitted to the hospital through the Health Center.

Prior to the session, a one sentence medical protocol is printed and distributed to the house and



Dr. Muehrcke, attending staff, expresses opinion concerning diagnosis of the patient. Foreground: Drs. J. Lashoff, director of preventive medicine, and F. Trobaugh, director of the hematology section.

SCHEDULE OF TEACHING EXERCISES

held at noon in the
A. B. Dick Lecture Room

MONDAY—*X-ray Conference*

TUESDAY—*Pediatric Conference*

WEDNESDAY—*Clinico-Pathological Conference*

THURSDAY—*Surgical Grand Rounds*

FRIDAY—*Medical Grand Rounds*

attending staffs: "Mr. P.B., Room 1120. Forty-five year old school teacher admitted with complaint of swelling and pain in feet and ankles."

The Friday meeting opens with an explanation of the ground rules by Dr. Campbell: "If you have questions at any time, please feel free to address them to any of us. In turn, any of us, will feel free to address questions to you." Thus, everyone becomes a potentially active participant in the Rounds.

The patient selected for presentation is usually present at Rounds for a short question and answer period before the general discussion of his case begins. Before the patient arrives at the A. B. Dick Amphitheatre, an intern presents the background of the patient: present illness, relevant work habits, family medical history, diet, review of systems, physical examination findings on admission, and in the patient's own words, his chief complaint.

Now the patient is brought in and introduced to the assembly. Questions from the floor are directed to him, and he becomes the critical focus of the entire group.

As he hears the meaningful and probing questions which are asked of him, he begins to realize that this is more than just a teaching exercise. This is a highly unusual consultation for his benefit. It is also the manifestation of an attitude which prevails at bedside, in the laboratories, in the x-ray department—throughout the entire hospital.

After the patient has been returned to his room, Dr. Campbell begins the discussion by first calling upon the resident to explain the patient's course. A complete report on the patient up to that time is given. X-rays or laboratory tests pertinent to the case are shown by members of the house staff concerned with this phase of study.

As the patient's history unfolds and his hospital course is explained, each member of the clinical audience has an opportunity to be a medical consultant. During the course of the hour discussion, the exchange of ideas may become quite heated. Possible new diagnoses and alternative courses of management are brought out through an exchange

between the medical team and the members of the audience. This healthy disagreement maintains the intellectual integrity of the session. Those present are constantly reminded that medical practice is not an exact science; yet in this intellectual climate, they are determined to be as precise as humanly possible.

The significance of this type of session, however, extends beyond the technicalities of medicine. Residents, interns, fellows, and students are exposed to the responsibility that comes with the practice of medicine. Arriving at an accurate diagnosis is imperative—the seriousness of making the correct decision promptly—these provide the members of the audience with a hunger to absorb as much information as possible. This desire to learn, stimulated by the realization of the scope of responsibility which every physician must assume, heightens the opportunity for learning.

Medical Grand Rounds, as a result, begins to emerge as a session with many purposes. Participation and exchange of ideas as a teaching exercise is paramount; the session whets the intellectual appetites of the house staff members; it is a stimulant to those who are practicing medicine; and it adds greatly to the quality of patient care.

Dr. Campbell serves as interpreter between the individual patient and the audience as patient tells his story. Left, the intern, Dr. W. Shelp, and the resident, Dr. A. Bowyer, stand-by.



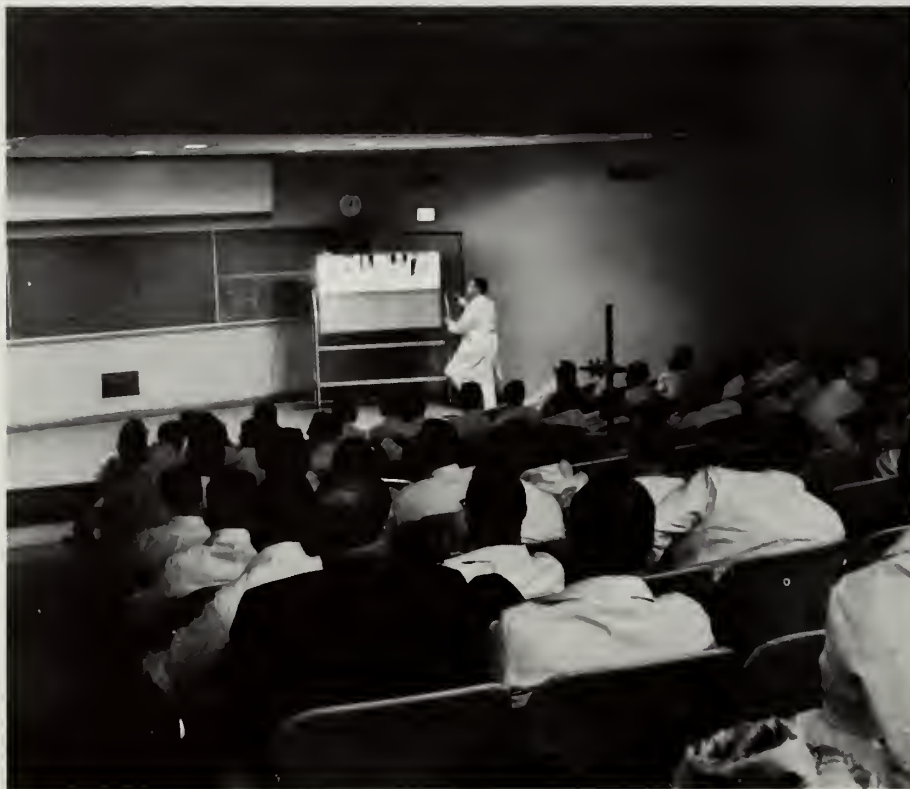
A continuing concern for the individuals presented at Rounds is recognized when follow-up reports are given. Recently, a patient who had been presented six weeks previously was introduced to the group. On his admission to the hospital, he had been too sick to attend the session, so only photographs and X-rays were shown. At this meeting though, he was dressed and prepared to leave the hospital for home. His problem had been so desperate that the artificial kidney had been used in the course of treatment. It was most gratifying to see how this man had progressed and to be on hand at the time of his return to life outside the hospital.

At the close of the hour, Dr. Campbell summarizes the proceedings, itemizing the more important aspects of the discussion which led to the final decision regarding diagnosis and treatment. Dr. Campbell provides the character and personality of Medical Grand Rounds, functioning as moderator, referee, conductor and interlocutor. But he is always

aware of the point in question. Through his direction, individuals from specialized areas are called upon to answer certain questions or refute previously made statements. The deft handling of the discussion by Dr. Campbell continually draws to the surface the many pieces required to fill the jigsaw puzzle of diagnosis, suggested treatment, and the physiologic alterations which underlie the disease process.

The impact of Medical Grand Rounds radiates throughout the Medical Center District as well as this hospital. The relationship of basic science to medical care becomes more vivid. The quality of patient care becomes much better than that rendered in an institution where this intellectual atmosphere is not present.

The significance of Medical Grand Rounds in the education of interns, residents, fellows and students cannot be accurately measured by any standard other than the increased awareness and interest



X-rays taken throughout the patient's course of management help document diagnosis and treatment. X-rays are explained by a house staff member training in the Division of Radiology.

Attending staff, house staff, students, and representatives of all the basic sciences regularly attend Grand Rounds. Each speaker is judged by what he says, and how he supports statements relative to the case.



in medicine continually shown by these individuals. Even the hospital chaplains attend these sessions regularly as part of their program of patient understanding. As the only private, voluntary hospital in Chicago's Medical Center District, Presbyterian-St. Luke's is justly proud of the outstanding training it continually provides.

Although Medical Grand Rounds is primarily directed to the more than 150 members of the hospital house staff, the experience gained by members of the attending staff and students who participate in the exercise is invaluable. Presbyterian-St. Luke's Hospital, affiliated with the University of Illinois College of Medicine, annually provides clinical instruction to more than 200 junior and senior medical students. For them, this opportunity to study with those who are practicing and conducting clinical and fundamental research at its highest level, is a thrilling experience which sets the pattern for a career in the profession of medicine.

As Dr. Campbell has stated, "the quality of training is the most important element in the education of a physician. Correct diagnosis is imperative—a prompt and correct decision is essential, for we rarely get second chances."

Medical Grand Rounds stands out as one of the finest exercises of its type in the country, providing the intellectual stimulus for individual interest in the many and varied problems which are discussed. The quality of the house staff upon completion of their training more than substantiates the calibre of education received at Presbyterian-St. Luke's Hospital.



Miss Madelon Crago, R.P.T., helps a paralytic strengthen muscles through exercise in new Hubbard tank.



Jimmie Ewen, who suffered broken neck, works shoulder wheel under direction of Miss Judy Anderson, R.P.T.

NEW PHYSICAL THERAPY UNIT TREATS 95 DAILY

In the past, a patient with a fractured hip was required to spend weeks in bed; today, most of these patients are encouraged to try crutch walking after two weeks. Since World War II, the field of physical therapy has greatly expanded its scope of treatment for the patient. New equipment, the interest of doctors, and a greater public understanding has enabled physical therapy to take its proper place in modern medicine.

This progress has been reflected at Presbyterian-St. Luke's Hospital by the construction of enlarged facilities for the physical therapy section. Under the direction of the chairman of the Department of Medicine, Dr. James A. Campbell, the section is administered by a physical therapy committee whose chairman is Dr. Robert D. Ray, chairman of the Department of Orthopedics.

Physical therapy recently moved to air-conditioned quarters on the fourth floor of the Murdock building. Equipment housed there includes a new \$6,000 Hubbard tank for underwater exercises, whirlpool baths, exercise mats, curbs and ramps for obstacle walking, diathermy machines, paraffin baths, and ultra-sound apparatus.

An average 95 patients a day are treated through exercise, massage, heat, hydrotherapy, and other physical equipment. Private in-patients, private out-patients, and Health Center patients are treated. They are referred from all medical services with most coming from neurology and orthopedics.

"A good physical therapist must sincerely like people, have a sense of understanding, and infinite patience," says Miss Eleanor Stupka, chief therapist. She is aided by five registered physical therapists plus aids and orderlies.

Registered physical therapists attend four years college and take 12-16 months special training. The therapist must combine both the art and science of his field to provide help for the patient. The therapist administers treatments prescribed by the physician. After determining what the patient can do for himself, the therapist follows through with a program of rehabilitation.

A 16-year old suburban boy illustrates the results which may be gained through physical therapy. While on vacation in Wisconsin last August, Jimmie Ewen dove into what he thought was deep water. It was shallow. He suffered a broken neck and injury to the spinal cord which resulted in a paralysis of both arms and legs. Following initial treatment in Wisconsin, he was transferred to Presbyterian-St. Luke's Hospital for surgery and physical therapy treatment.

Sept. 17, Jimmie was admitted to the hospital on a stretcher unable to walk or even feed himself. The physical therapy section began a program of exercise and muscle re-education. Jimmie was placed on the tilt table to restore his sense of balance. The Elgin chair was used to strengthen muscles. Slowly, he began to regain use of his arms and legs. He began to walk between parallel bars with help, and then unaided. Eight weeks after his admission to the Hospital, he walked out the front door.

RADIOLOGY INSTALLS SECOND COBALT 60

To accommodate an ever-increasing patient load, Presbyterian-St. Luke's Hospital has installed a second Cobalt 60 machine in the Division of Radiology and Nuclear Medicine.

Last year, the department of radiation therapy averaged 800 treatments a month which necessitated a ten-hour work day. With two machines, the department will be brought back in line with other hospital services.

The new Cobalt machine fulfills a long range plan envisioned before construction of the East Pavilion. The machine has been installed in a specially built room with protective walls and lead door. The room is a twin to the one which houses the original Cobalt machine. The two machines were assembled by Atomic Energy of Canada Limited in co-operation with General Electric.

Cost of the new machine with radioactive source is approximately \$40,000. The one-inch diameter source cost \$15,000. After five years use it will still retain one-half its present strength.

Roentgen discovered radiation in 1896, and the first recorded treatments were given in the early 1900's. In this era of nuclear medicine, radioactive sources such as Cobalt 60 and other special equipment are becoming available to hospitals and clinics for radiation therapy.



Dr. Charles W. Samet, and Miss Barbara Baker, student technician, position patient for treatment of chest.



Amplified Brain Waves Reveal Hidden Mysteries

An hour's sleep is a major ingredient in electroencephalography tests performed at Presbyterian-St. Luke's Hospital. An electroencephalogram, a recording of the electrical impulses of the brain, is made while the patient sleeps in a small, darkened room in the EEG section of the department of neurology.

An EEG is part of the routine examination for patients with suspected cerebral vascular or other brain damage. Although electrical activity in the brain of an animal was discovered in 1874, such voltage in the human brain was not recorded until 1924. In that year, the correlation between voltage in the cortex and brain functions was discovered.

Today, voltage fluctuations of the brain are picked up by miniature electrodes placed on the head. These signals are led to vacuum tube amplifiers, and then transferred to paper via an ink-writing apparatus so that a line with a series of waves is recorded. Eight such lines show the brain activity simultaneously from different areas of the brain. The brain waves are recorded for an hour while the subject is awake and asleep.

Dr. John S. Garvin, director of the section, and his associates "read the book" recorded on each patient. These run more than 300 pages, each depicting brain activity as recorded in eight wave lines. The team evaluates the patterns of brain activity. This data, combined with the patient's history and neurologic examination, enables physicians to decide upon the need for medication or surgery. During the last fiscal year, the section's three EEG machines made 1,782 tests.

Electroencephalography is comparable to electrocardiography, but more difficult to record since brain voltages are but one one-hundredth the size of those generated by the heart. The EEG machines, which cost \$5,000 each, detect and record brain waves after amplification more than a billion times.

ESTABLISH DAY RESEARCH FUND

Presbyterian-St. Luke's Hospital has received a \$400,000 gift from Mrs. Tiffany Blake, Chicago, to establish the Albert M. Day Research Fund in memory of her father.

Albert M. Day, once president of the Chicago Stock Exchange, was a member of the Board of Managers of Presbyterian Hospital from 1904 to 1933. He served as president from 1906 to 1923.

Gavin A. Pitt, hospital president, announced the gift. Income from the fund will be used to support the work of individuals who have shown distinction in the teaching and study of diseases affecting the cardiovascular system.



Robert Sessions, medical electronics specialist, checks kinescope controls to record procedure on permanent film.

INSTALL FIRST TELEVEX FOR CARDIAC PATIENTS

Potential heart surgery patients at Presbyterian-St. Luke's Hospital are now benefiting from a new combination of X-ray and electronic equipment used during cardiac catheterization. The \$90,000 system allows the doctor and students to view the heart more clearly than ever before possible.

Cardiac catheterization provides the doctors with an accurate diagnosis and assesses the chance for corrective heart surgery. A catheter, a small-diameter plastic tube, is inserted through an arm vein into the chambers of the heart. It is used to record pressures, withdraw blood samples, and inject contrast material to clearly outline heart defects.

Through the use of a new Image Orthicon tube, acting similarly to a television camera, a fluoroscopic



Dr. Marvin Rosenberg, Schweppe fellow, inserts catheter. Left, Dr. Guenther Bucheleres watches progress on screen.

image of the heart is picked up, amplified, and transmitted to a 17 inch television set. The catheterization team sees the heart and lung field image on the television screen at near-normal light levels.

Simultaneously, the picture is shown on two TV monitor sets: one outside the laboratory, and one in the Earl Kribben Memorial library.

This television system allows doctors to utilize 20 to 50 times less radiation than is used for normal fluoroscopy. This improved safety factor is of great value to patients who must have repeated fluoroscopy

Dr. Greeley Rear Admiral

Dr. Paul W. Greeley, attending surgeon, has been promoted to Rear Admiral in the naval reserve medical corps during ceremonies at the Great Lakes naval hospital.

He has been chief of the plastic surgery service at Presbyterian-St. Luke's Hospital since 1939. Dr. Greeley is professor of surgery and chief of the division of plastic surgery at the University of Illinois College of Medicine.

Dr. Greeley has written more than 100 papers on plastic surgery. He serves as consulting plastic surgeon at the Westside U.S. Veteran's Administration Hospital and the naval hospital at Great Lakes.

Commissioned in 1943, Dr. Greeley served as chief of the plastic surgery division at the Oakland, Cal., naval hospital from 1943 to 1946. For his work there, he received a citation and commendation from the Secretary of the Navy.



Dr. Greeley received his medical degree from Northwestern University in 1928. Following internship and residency at Evanston Hospital, he studied plastic surgery in London, Freiburg University, and the University of Munich.



TV set is used for teaching purposes in the Earl Kribben library. Students, house staff, and attending staff monitor procedures daily.



Cardio-respiratory technicians Miss Joanne Ford and Miss Virginia Barbagallo set power controls.

and to the doctors and technicians who are constantly exposed to the X-rays.

A second television camera in the laboratory "looks at" a cathode oscilloscope on which are displayed the patient's electrocardiogram and pressures from within the heart. This data is fed into the system and displayed at the bottom of the screen of the three TV sets.

For further study, sound-on-film kinescopes may be made during the procedure. A library of different defects and conditions is being compiled to allow

physicians and students to study not only the image, but to hear the heart beat, and view pressure tracings and electrocardiogram at the exact time and in perfect relationship to the location of the catheter.

Components of the system, called "Teleview," were made and assembled by Westinghouse Electric Corp. Dr. John S. Graettinger, director of the Section of Cardio-Respiratory Diseases, is credited with the conception of combining the various pieces of equipment for simultaneous X-ray and physiological study.



Gdalman Cited For Service By Illinois Hospital Assn.

Louis Gdalman, director of Pharmacy Services, has been named an honorary member of the Illinois Hospital Association and cited for his contributions to the profession of pharmacy.

At the December meeting of the association, Gdalman was presented a plaque which reads: "In recognition of outstanding service to the profession of hospital pharmacy and to the improvement of standards of pharmaceutical practice in Illinois hospitals."

Gdalman is starting his 32d year of service to Presbyterian-St. Luke's Hospital. Over the years, he has personally trained men who have become the chiefs of the pharmacy departments of many major Chicago hospitals. He currently is a member of the scientific staff as senior pharmacist, pharmacy section of the Department of Medicine.

ALUMNI ELECT OFFICERS

Dr. Wallace W. Kirkland has been elected president of the Presbyterian-St. Luke's Hospital Alumni Foundation.

Other officers include Dr. Arthur L. Ratko, vice-president; Dr. Richard E. Buenger, secretary; and Dr. Robert E. Slayton, treasurer.

Advisory council members are Drs. Joseph A. Davis, R. Gordon Brown, Evan M. Barton, Foster L. McMillan, and John D. Best.

The Alumni Foundation was founded in 1960 to finance the publication of a scientific bulletin; to maintain a house staff loan fund for the 160 interns, residents, and research fellows; and to maintain communication between present and former house staff and attending staff members. Eventually, an Alumni Foundation office will be established.

Dr. Steven G. Economou has been named editor of the Presbyterian-St. Luke's Hospital bulletin. The bulletin will contain both clinical and research articles by attending staff members and guests. The magazine will be distributed quarterly to attending and house staff members, alumni, and major medical libraries and schools in the United States and Canada.

Norman A. Brady, hospital director, has been appointed a member of the new Advisory Committee on Hospitals and Clinics of the Illinois Public Aid Commission.

Brady attended the 72nd annual meeting of the Association of American Medical Colleges which was held in Montreal during November. He also participated in the Institute for Directors of Medical Education, American Hospital Association, held in November in Chicago.

John R. Walsh, controller, has been elected to the Controllers Institute of America. The institute is a professional management organization established in 1931 to provide a forum for the controllers and financial officers of leading businesses. International membership totals 5,400 persons chosen on an individual basis rather than for company membership.

DR. THEOBALD AWARDED COLEMAN MEDAL

Dr. Walter H. Theobald, consulting E.N.T. physician, was awarded the George Howell Coleman medal by the Institute of Medicine of Chicago at their annual meeting in January.

More than 200 members and guests saw Dr. Theobald receive the medal in recognition of "outstanding contribution to the welfare of the community above and beyond the practice of his profession."

Dr. Theobald has been president of the Chicago Medical Center Commission since 1946. The Commission, created in 1941 by the Illinois Legislature, is responsible for the over-all pattern of land acquisition, clearance, and new construction within the 305-acre Medical Center District. Dr. Theobald is a prominent medical educator and now holds the rank of emeritus professor at the University of Illinois College of Medicine.

Dr. Paul H. Holinger, attending E.N.T. physician, presented the award. Dr. Holinger is currently serving a second term as chairman of the Board of Governors of the Institute.

The Institute's award is named for Dr. Coleman, an internist, who graduated from Rush Medical College in 1913 and later served as faculty member until 1940. He joined the St. Luke's Hospital staff in 1926 and subsequently practiced at Presbyterian Hospital. He was secretary of the Institute for 34 years and received the first award in 1957.



Dr. Fay H. Squire, chairman of the Division of Radiology, stands before the portrait recently presented to him.

Honor Dr. Fay H. Squire Present Portrait to Hospital

Dr. Fay H. Squire, chairman of the Radiology and Nuclear Medicine Division, was honored recently at a dinner in the Palmer House by the men he has trained in radiology during 32 years.

Fifty doctors and their wives, representing practicing radiologists from Maine to California, watched as a portrait of Dr. Squire was presented to him. The portrait, by Chicago artist Gustaf Dalstrom, has been hung in the radiology waiting room.

Dr. Squire is attending radiologist and professor of radiology at the University of Illinois College of Medicine.



MEDICAL STAFF ACTIVITIES

Max Rafelson, Ph.D., hosted and spoke before the symposium on bio-medical applications of Neutron Activation held Jan. 11 at Presbyterian-St. Luke's Hospital.

Hermann Mattenheimer, Ph.D., recently published a book, "Micro Methods for the Clinical Chemistry and Bio-chemical Laboratory." A Berlin publisher is issuing copies of the German language book.

Dr. Mark H. Lepper is currently serving as chairman of the medical advisory committee of the Cook County chapter, the National Foundation.

Dr. E. H. Fell served as moderator of two postgraduate courses in cardiovascular surgery during October: one for the American College of Surgeons Clinical Congress, Chicago; and one for the Chicago Medical Society.

Dr. Stanley E. Lawton presented a paper on "Carcinoid Tumors of the Stomach" at the Oct. 3 meeting of the American College of Surgeons.



Dr. Geza de Takats was elected president of the Chicago Heart Association Nov. 16. *Dr. de Takats* presented talks on "Raynaud's Phenomenon" before the 6th Ohio Councilor District Meeting, Canton, O., and the North Side Veteran's Administration Hospital during October. Nov. 10 he spoke on "Surgical Treatment of Diabetic Vascular Disease" before the Chicago Diabetes Association's fifth annual symposium.

Dr. Frederic A. dePeyster was elected to membership in the Western Surgical Association at the November meeting held in San Francisco. At the meeting, he presented a paper with *Drs. R. Kennedy Gilchrist* and *Theodore B. Schwartz* on "New Aids for the Diagnosis of Insulin Secreting Tumors."

Dr. Edward J. Beattie Jr. served as moderator for the Chicago Surgical Society meeting held at Presbyterian-St. Luke's Hospital Dec. 8.

Dr. Oscar Sugar spoke on "Fractures of the Spine with Neurological Involvement" at the Postgraduate Medical Education meeting of the Chicago Medical Society Nov. 2.

Dr. Philip N. Jones has been promoted to clinical assistant professor of medicine at the University of Illinois College of Medicine.

Dr. John B. Haeberlin Jr. spoke on "Changing Practices in Dermatology" at the January meeting of the north suburban branch of the Chicago Medical Society.

Dr. A. Beaumont Johnson II has been elected to the executive committee and reappointed chairman of the membership committee of the Congress of Neurological Surgeons Inc. He is currently serving as the Chicago chairman of the Medical Alumni of the Johns Hopkins University and Hospital Matching Plan.

Dr. Richard H. Andresen was recently advanced to the rank of clinical associate professor of obstetrics and gynecology at the University of Illinois College of Medicine. He participated in the conference of Cellular Biology of the Human Trophoblast held in November at the University of Rochester School of Medicine.

Dr. John W. Curtin presented a paper to the American Society of Plastic and Reconstructive Surgery at the October meeting held in New Orleans. His topic was "A Surgeon's Evaluation of the Cleft Palate Team." He also took part in the postgraduate course in surgery held in Chicago during November.

Dr. Arthur H. Klawans spoke Nov. 1 at the Rhode Island Academy of General Practice at Cranston, R.I. His subject was "Gynecology in the Pre-Adolescent."

Dr. Charles B. Puestow spoke on "Surgical Management of Chronic Pancreatitis" at the symposium on Biliary and Pancreatic Problems Jan. 17 presented before the DuPage County Medical Society, and *Dr. John T. Reynolds* presented a paper on "Management of Cholecystitis." *Dr. Vernon L. Guynn* presented "Whipple Resection of the Pancreas."

Dr. Harry F. Dowling presented "Pharmaceutical Houses and their Relationship to Medicine" at the Medico-Chirurgical Society meeting Jan. 8 in Montreal.

Dr. Francis M. Howard addressed the Calumet branch of the Chicago Medical Society Jan. 31 on the subject, "Acute Hand Injuries."

Dr. Robert D. Ray gave a paper on "Immunology of Embryonic and Adult Bone Grafts" at the meeting of the American Academy of Orthopaedic Surgeons held Jan. 27-Feb. 1 in Chicago. *Dr. Charles V. Heck* read his paper on "Management of Neural Canal Alteration in Spine Injuries."

Dr. Stanton A. Friedberg has been appointed to the editorial board of the "Annals of Otology, Rhinology, and Laryngology."

Dr. Burton C. Kilbourne presented the Instructional Lecture at the annual Congress of American College of Surgeons in October. He presented a postgraduate course on hernias for the Chicago Medical Society Oct. 31.

Dr. Victor E. Pollak presented "Renal Biopsy and the Diagnosis of Kidney Disease" Jan. 18, 19, 20, for the department of medicine, University of Wisconsin.

Dr. Richard E. Buenger was elected a Fellow of the American College of Radiology in December.

Dr. Robert J. Jensik attended the Cancer Chemotherapy National Service Center meeting in Washington, D.C., Nov.

Dr. Linden J. Wallner addressed the Jan. 8 meeting of the Chicago Laryngological and Otological Society held at Presbyterian-St. Luke's Hospital. He is currently serving as president of the society.

Dr. Albert H. Andrews Jr. spoke before the American Association of Inhalation Therapists during their November meeting in Buffalo.

Dr. Paul W. Greeley attended the annual meeting of the Western Surgical Association Nov. 29-Dec. 1 in San Francisco. His paper, "Deformities in Infants and Children: Timing of Plastic Surgery Repair," appeared in the Dec. 16 issue of *Chicago Medicine*.

Dr. Paul H. Holinger presented the 17th Wherry memorial lecture before the American Academy of Ophthalmology and Otolaryngology at their October meeting in Chicago. *Dr. Kenneth C. Johnston* was among 16 physicians in the United States honored by the Academy for "unusual service, especially in the extensive educational program of the organization."

Dr. Oglesby Paul acted as host for the Conference on Cardiovascular Disease Epidemiology held at Presbyterian-St. Luke's Hospital Nov. 10-11. He presented a paper on "Observations in a Long-Term Study of Coronary Disease."

Dr. Noel G. Shaw has been promoted to clinical professor of pediatrics at the University of Illinois College of Medicine.

Dr. Ormand C. Julian spoke Dec. 9 on "Vascular and Trophic Disorders of the Hand" at a joint meeting of the Chicago and Central States societies of Industrial Medicine and Surgery.

Dr. R. Lincoln Kesler will serve as a clinical assistant professor of medicine of the Rush Medical College through Sept. 1, 1962.

Dr. Theodore B. Schwartz presented a paper on "Hypoglycemia as an Early Manifestation of Diabetes" before the fifth annual symposium of the Chicago Diabetes Association Inc.

Dr. Adolph Rostenberg Jr. addressed the Chicago Ophthalmological Society Nov. 20.

Dr. Raymond Firfer addressed the Pediatric Clinical Pathological conference held at Cook County Hospital Nov. 3.

Dr. John S. Graettinger participated in a clinical pathologic conference which was published in the Dec. 16 issue of *Chicago Medicine*. He served as clinician-discussant.

Dr. Donovan G. Wright spoke on "Emotional Aspects of Disaster" at the American Red Cross 1961 Disaster Nursing conference held in Wheaton, Oct. 30. He attended the November meeting of the American Psychiatric Association as a member of the committee on rehabilitation. The meeting was held in Washington, D.C.

Dr. Arthur L. Ratko presented a paper on "Ocular Manifestations of Mucocele" before the Chicago Ophthalmological Society Dec. 18.

Dr. George G. Hibbs spoke on "Radiation Therapy and Nuclear Medicine" on the Phil Lind radio program in October. Dr. Hibbs was the representative of the American College of Radiology.

Dr. Willard L. Wood has been elected vice-chairman of the medical and scientific committee of the Illinois Chapter of the American Arthritis Foundation for 1961-62.

Dr. Thomas J. Coogan has been elevated to clinical associate professor of medicine at the University of Illinois College of Medicine.

Dr. James A. Campbell spoke on the "Valuation and Evaluation of the Clinical Externship" at the Medical School—Teaching Hospital section of the Association of American Medical Colleges held in Montreal Nov. 11.

Dr. R. Kennedy Gilchrist participated in the Therapeutic Tribune column of the Oct. 30 issue of the Medical Tribune. The topic was "Rectal Bleeding: Diagnosis and Treatment."

Dr. Alfred P. Solomon is the co-author of a paper presented to the Central Neuropsychiatric Association in Chicago Oct. 21. The subject was "Marital Disharmony: Concurrent Psychoanalytic Therapy of Husband and Wife by the Same Psychiatrist."



Dr. Samuel G. Taylor III presented talks on "Hormone Sensitive Tumors" before the October meeting of the American College of Surgeons. He attended the January meeting of the American Cancer Society to participate in meetings of the clinical fellowship committee, professional education committee, and the medical and scientific committee. Dr. Taylor has been elected to the Board of Directors of the American Cancer Society for the year 1962-63.



Dr. John H. Olwin participated in a postgraduate course of the Clinical Congress of the American College of Surgeons Oct. 5. He presented "Evaluation and Management of Varicose Veins in Pregnancy, Labor, and Puerperium." Dr. Olwin presented a postgraduate course in surgery to the Chicago Medical Society Oct. 31 entitled "Clotting Mechanism in Practical Relation to Surgery." Jan. 20, Dr. Olwin moderated the Wayne State University symposium on blood.

Dr. Harry Boysen presented a paper on "Newer Concepts in Antepartum and Postpartum Care" before the second annual conference of the American College of Obstetricians and Gynecologists Oct. 26, 27, held in Chicago. At the meeting, *Dr. James E. Fitzgerald* read a paper on "Heart Disease in Pregnancy;" *Dr. Robert A. Beebe*, "Drugs Used in Obstetrics and Gynecology;" *Dr. John R. Wolff*, "Perinatal Casualties: Nurse's Role in Reduction."

Dr. Joseph R. Christian has been appointed a governor of the Chicago Heart Association.

Dr. Charles V. Heck has been elected secretary of the American Academy of Orthopaedic Surgeons.

Presbyterian-St. Luke's Hospital
1753 West Congress Parkway
Chicago 12, Illinois

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RICHARD S. SLOTTOW

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PRESBYTERIAN-ST. LUKE'S

REVIEW

WINTER 1962

PRESBYTERIAN-ST. LUKE'S

REVIEW

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*Surgical resident learns by doing.
Good patient care and high calibre
resident training are synonymous.*

The Cover
and feature pictures
by Vories Fisher



SURGICAL

**at Presbyterian-
St. Luke's Hospital**



Chief resident (right) and assistants check case histories and X-rays at 7:30 a.m. before surgery. Left to right: Dr. Gerry R. Tuveson, junior surgical resident; Drs. Joseph C. Novak and William T. Johnstone, rotating interns; and Dr. Wendell H. Schmidtke, fourth-year resident in general surgery.

EDUCATION

At precisely 7:30 a.m., 42-year old Henry Bronson begins the most important adventure of his life. He is wheeled into operating room number two of Presbyterian-St. Luke's Hospital, Chicago.

The room is roughly square with tiled walls and a storage wall at the rear. A special conductive tile covers the floor. A narrow operating table stands in the center of the room under a battery of lights. Bronson is surprised that even here there is no pungent "hospital" smell.

The first persons that he sees are easily identifiable even in green scrub suits, caps, and masks. The attending staff surgeon and his chief resident step over to Bronson and speak to him. He is reassured by the sight of them. Since he first met the surgeon in his office, he has come to trust his judgment.

Yet Bronson is equally glad to see "my resident." During his five days pre-operative, he has been visited early each morning and late each evening by the resident or his assistants. Bronson has depended on the chief resident as an interpreter of the ground rules of hospital life. He likes this young man with the crew cut and he greatly admires his fervor for learning.

These two men, representing professor and resident in surgery, have functioned as a team to prepare carefully Bronson's body and mind for this day.



Dr. Edward J. Beattie, Jr., Surgery Division chairman, performs thoracic surgery under watchful eyes of surgical residents.

Details of hospital care and physical preparation have been executed by the surgical residents team as programmed by the attending surgeon. The actual operation is the culmination of treatment and the beginning of convalescence.

As the surgeon and his resident step into the adjoining scrub room to scrub their hands and forearms, the anesthetist starts the anesthesia. At 7:50 Bronson is asleep and his skin is scrubbed clean for surgery. The surgeon and his team, now gloved and wearing surgical gowns, take their places on both sides of the operating table. The instrument nurse positions her table over the patient's feet and auxiliary lights are brought up.

For Bronson, the next two hours are vital. He has suffered from stomach ulcers for years. In the past six weeks, he has lost more than 20 pounds. At present, he can eat nothing. To alleviate this condition, the surgical team will cut the nerves which aggravate the flow of damaging acid and resect a portion of the stomach, literally by-passing the ulcerated area. In ten days or so, Bronson should return home to live a normal life once again.

This physical transformation seems miraculous to Bronson, for he knows little of the mysteries of medicine and surgical techniques. But to the surgeon, this is part of his day's work, a result of many years of education and experience.

How does a man become a surgeon? The G. I. Bill has produced many good businessmen. Many brokers began their careers by accident. Good readers have discovered a predilection for law. Life is strange in packaging opportunity, yet no man becomes a surgeon by accident.

The 86 medical schools in the United States produce some 7,000 M. D.'s annually, yet only a minority become surgeons. Fewer than one in six doctors practicing in the United States today is a surgeon. The teaching hospital is the vital catalytic agent which provides patient care, educates those who choose surgery as a way of life, and furthers surgical research. Presbyterian-St. Luke's Hospital is approved for full post-graduate training in surgery.

Surgical training is accomplished through two stages: internship, and residency. After receiving the medical degree, each new doctor must serve one year of internship in a hospital approved for training interns. Of the 7,000 United States hospitals, only 900 are qualified and approved to train interns.

Presbyterian-St. Luke's Hospital offers the basic rotating internship which consists of clinical experience in the four major specialty fields: obstetrics and gynecology (two months), pediatrics (two months), medicine (four months), and surgery (four months). The rotating internship provides the opportunity to sample these different specialties.

For those who have decided upon their career field while in medical school, the straight internship

offers an alternate year of training. Presbyterian-St. Luke's Hospital now conducts such internships in medicine, pathology, pediatrics, and surgery. The straight surgical internship for 1962-63 consists of six months in general surgery, two months cardiovascular surgery, two months thoracic surgery, and two months studying anesthesia and working in the Emergency Room.

Following a year of internship, young doctors who wish to become specialists take resident training in a teaching hospital. There are less than 400 hospitals in the United States approved for the four-year surgical residency program.

There are 16 residency choices available at Presbyterian-St. Luke's Hospital. Those under the Division of Surgery are anesthesiology, general surgery, neurosurgery, ophthalmology, orthopedics, otolaryngology, plastic surgery, thoracic surgery, and urology. At the conclusion of this training, each resident is required to take examinations conducted by the national certifying board in his field. Only when he has passed these examinations is he a recognized, certified specialist.

Each July first, a dozen young men begin surgical residencies at Presbyterian-St. Luke's Hospital. Some continue as general surgeons; some advance to spe-

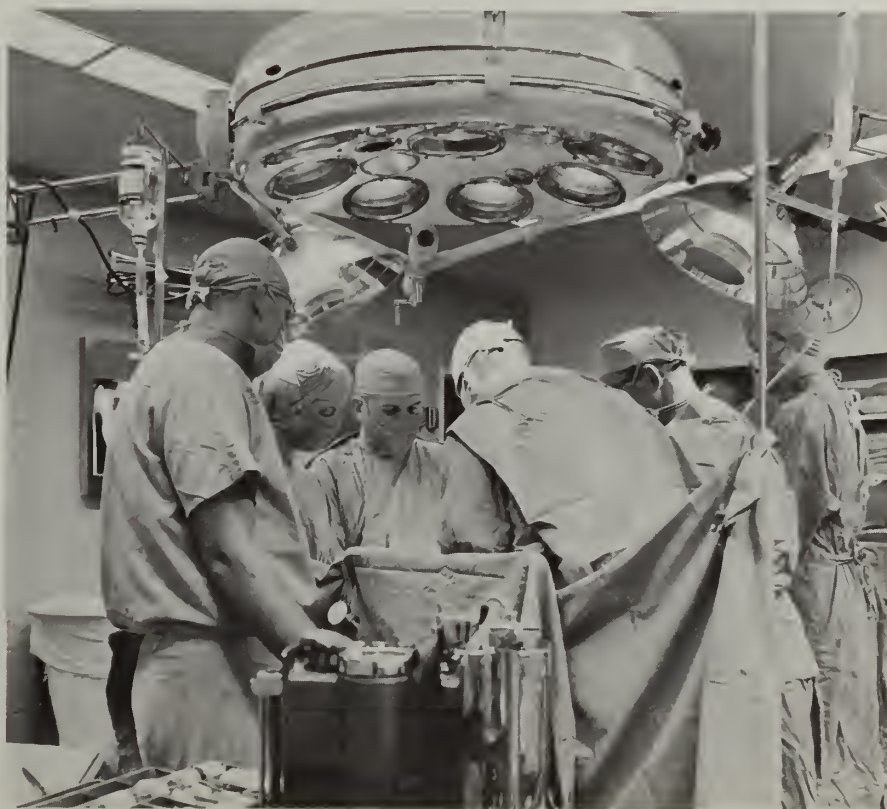


Each square inch of finger, hand, and forearm gets 30-60 strokes with a hard-bristle brush. It takes seven to ten minutes to scrub.

cialty surgical training. While most are native Americans, some come half-way around the world to learn to be surgeons. At present, England, Iran, Mexico, Pakistan, Saudi Arabia, and Scotland are represented.

Why do prospective residents come to Presbyterian-St. Luke's Hospital? "I wanted a private hospital where I could learn under the best men in the country, yet have the freedom to develop my own technique with their supervision," says Dr. Wendell

Members of the surgical team focus their specialized skills on the patient. Anesthetist, intern, surgeon, residents, instrument nurse—all work at once.





Surgery performed a floor below is clearly seen through dome in surgical gallery.

H. Schmidtke, a fourth-year resident in general surgery.

The Division of Surgery is organized like a small army: 125 attending staff surgeons, some 70 surgical residents and interns, 20 to 30 medical students from the University of Illinois College of Medicine, and a staff of 105 employees in the Operating Room. The latter number includes highly skilled Operating Room nurses, technicians, aids and orderlies. Additional personnel are responsible for more than 300 "surgical" beds occupied by pre-operative and convalescent patients. The Division is responsible for the constant flow of patients through the Post Anesthesia Recovery area, and the Intensive Therapy unit. Surgery supervises the treatment and procedures performed in the Emergency Room. Some 5,000 minor surgical procedures were performed in the emergency area last year.

The average day has 60 operations scheduled in the main Operating Room. Including emergency operations, as many as 100 operations have been performed in 24 hours. In June, 1962, more surgical operations were performed than in any previous month in the history of this hospital.

How does the surgical resident fit into this picture? Next to patient care, the education of the resident is paramount. But patient care and resident training are difficult to separate according to Dr. Edward J.

Beattie, Jr., chairman of the Division of Surgery. "The best patient care results when skilled attending staff surgeons conduct outstanding educational and research programs for surgical residents."

Dr. Beattie states that, "The medical undergraduate for the most part observes, whereas the surgical resident has responsibility for decision and per-

View from the gallery of vein surgery. (The lights have been positioned to cover the surgical field.)



Gallery is also used for study and teaching conferences. Saturday morning thoracic conference is attended by surgeons and physicians from entire Medical Center District.



formance. Our interns and residents begin with the simpler duties. During their early training, they learn surgical technique in the operating room and in the animal laboratories where they perform one or more surgical research projects. A considerable portion of their training is self-education, for progress on the post-graduate level depends on the individual. During the final (fourth) year, they perform major surgery, and can assume total responsibility."

During the first year of general surgery residency, the resident assists attending staff surgeons and is responsible for patient care nights and weekends when the attending staff man may not be immediately available. The first year experience is divided between six months on general surgery and six months on the various surgical specialties.

During the second year, the resident is assigned to pathology where he studies diseases by observation and by microscopic techniques. Second year men also study under the department chairmen of bio-chemistry and microbiology.

To fulfill requirements for the Master of Science degree from the University of Illinois, second year residents must write a thesis based on original research and take additional post-graduate courses in the graduate school of the University of Illinois. Dr. Schmidtke did not look forward to this phase of his study, yet to his surprise, found it quite

rewarding. He worked in the area of experimental gastro-intestinal surgery. "I was completely free to decide upon my project, yet when I needed help, either financially for the experiments, or technically, it was readily obtainable." Dr. Schmidtke was impressed by the facilities for research: the basic equipment, the funds available, and the attitude of the staff which fosters research.

In the current annual budget of \$18,000,000, more than three-quarters of a million dollars is devoted to surgical research. Attending staff surgeons and residents publish some 150 papers a year.

The third year resident is responsible for patients as the chief resident of one of the four private general surgical services. In this capacity, he is the link between the attending surgeon and his patients in the hospital. Concurrent with these patient responsibilities, the third year resident is teaching those residents and interns junior to him. During their training, residents receive faculty appointments at the University of Illinois College of Medicine. They become surgical instructors during their third and fourth years of residency.

The fourth year, or senior resident, is responsible for patients on the House Staff Service who have been admitted through the Health Center. He sees patients in the Health Center to evaluate surgical problems, and has considerable administrative re-

sponsibility in the operation of the Surgical Residency Program.

The exigencies of the Division of Surgery, its volume and emergency functions are not conducive to multiple mass instructional meetings, yet important teaching conferences are held weekly for both attending and house staff. The surgical research meeting is at 4 p.m. Monday. Wednesday at 4 p.m., surgical residents and interns meet for a clinical conference. Each Thursday noon, Surgical Grand Rounds are conducted in the A. B. Dick amphitheatre. Saturday mornings are devoted to a urological conference, a junior surgical students grand rounds, and a thoracic meeting which draws attending rank surgeons and physicians from the entire Medical Center District.

Practical experience is reinforced and amplified by time spent in the surgical library and gallery, for which each surgical resident has his personal key. The surgical observation gallery and library are located on the seventh floor of the Jelke Memorial Building. Observation domes are set into the floor directly above two of the operating rooms on the sixth floor. Viewers may communicate with the surgeons by means of microphones. Groups of nurses or students may use the room without any noise or distraction for the surgeons below. Since the two floors are sealed off, the aseptic technique is maintained. To preserve the privacy of the patient, only

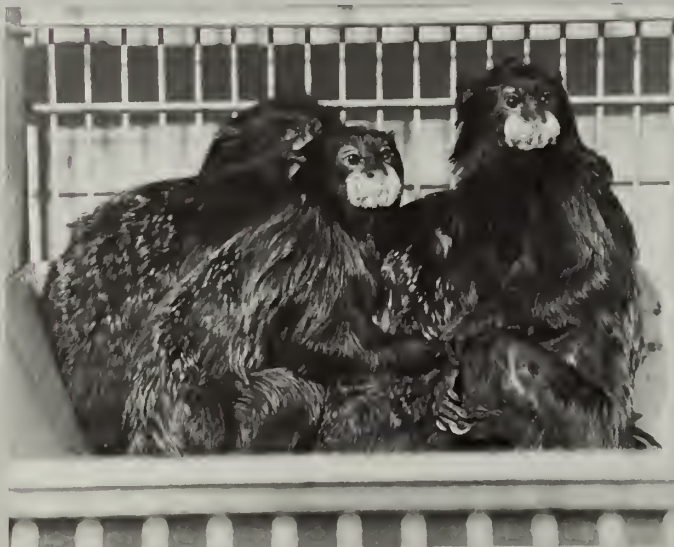
professional persons may enter this locked area.

The gallery contains duplicate monitoring equipment which follows the progress of the patient. Observers may watch electrocardiogram, brain waves, blood pressures, or other specific data which may be transmitted to an oscilloscope mounted in the room. Hugh Robertson, chairman of the board of Zenith Radio Corporation, contributed funds to furnish the gallery as a seminar-study hall and to endow a surgical library.

Yet surgical education continues to be a matter of low ratio education, with professor and resident meeting across the operating table. Beyond technique, attending staff surgeons feel a responsibility to surgery as a basic science. They attempt to propagate an attitude of inquiry and honesty that will endure in the individual, for a surgeon can not stand still. As Dr. Beattie says, "We want the best of both worlds, surgery and science—town and gown. A man must be capable of removing a lung, yet imaginative enough to envision transplantation of this vital organ, and creative enough to research this project in his spare time."

The challenge is tough, but stimulating. Dr. Beattie is justifiably proud of those who "graduate" from the training programs at Presbyterian-St. Luke's Hospital, for they are the link between historical excellence in surgery, and the expectation of procedures which will make history.

STUDY MONKEYS FOR CANCER RESEARCH



If a research team at Presbyterian-St. Luke's Hospital is successful, a monkey weighing three-quarters of a pound will serve as a substitute for man in virus-cancer research.

"Our goal is to acclimatize jungle-caught marmosets to living in the laboratory environment, and ideally, to breed them in the laboratory for later use in tumor-virus research," says Friedrich Deinhardt, M.D., chairman of the hospital's microbiology department and principal investigator on the project.

"Human cancer research can ideally be done only in man or in those animals biologically closest to man, i.e.—the primates. Of the primates, the marmoset may be most suitable as larger members of the monkey family are more expensive and occupy more laboratory space. The small marmosets may be kept in standard laboratory facilities and are large enough for the many routine tests necessary in the research."



Dr. Brown examines Haitian child with trachoma. The child's sight was saved.

Serves Haitian Eye Clinic

A desire "to do something concrete for medicine, for an undeveloped people, and for the image of the American," led a Presbyterian-St. Luke's Hospital doctor to work a month as a volunteer treating the natives of Haiti. D.V.L. Brown, M.D., ophthalmologist, served in an eye clinic which was founded at Immaculate Conception hospital in Port-au-Paix by a group of Chicago doctors last January. Their volunteer time has brought some 300,000 natives eye care for the first time.

Under an agreement with the Haitian government, the individual doctors pay their transportation costs and agree to work for one month without pay. In return, they are provided room and board, a dozen hospital beds for the eye clinic, the necessary auxiliary personnel, and an interpreter.

During his month in Haiti, Dr. Brown saw 40 to 50 patients a day and performed 60 major eye operations, removing cataracts, and treating glaucoma and trachoma. Patients walked as far as 50 miles to see "le docteur." Their families came with them, camped on the hospital grounds and cooked for them. Dr. Brown's surgical nurse, Florida Oleander, spoke no English, but Dr. Brown soon found his high school French returning. He was also aided in surgery by Mrs. Brown who had never been inside an operating room before.

The month was rough work for Dr. and Mrs. Brown. Dr. Brown practiced under conditions equal to those of 100 years ago, yet he feels it was time well spent and has already signed for another month next year.

109 NURSES GRADUATE AWARD HONORS TO 16

Diplomas and pins were presented to 109 nurse interns at the Presbyterian-St. Luke's Hospital School of Nursing graduation exercises September 6.

Philip R. Clarke, member of the board of trustees since 1939 and former board president, gave the commencement address. Gavin A. Pitt, hospital president, awarded diplomas.

Sixteen graduating nurses received awards on the basis of "outstanding performance in patient care, scholastic achievement, and citizenship." Recipients were:

The A. Watson Armour Award
MELINDA MARY FRASER

The Mrs. John W. Gary Award
CAROL NEWBY HANSEN

The Charles H. Schweppe Memorial Award
PATRICIA DAILY DALEY

The Martha Hughitt McCullough Memorial Award
ELISABETH FLORENCE BERGSTRAESSER

The Mrs. Charles H. Morse Award
MARGARET ELLEN MAXWELL

The Presbyterian-St. Luke's Alumnae Association Award
ARLENE BARBARA CHALLOUPKA

The Medical Staff Award
CAROLE CROWDER LUCCHESI

The Medical Staff Award
SYLVIA JEAN KELSEY

The Medical Staff Award
LOUANN STEIN WILKIE

The Medical Staff Award
GLORIA MARIE OBLONK

The Medical Staff Award
LENORE VYTISKA WARFIELD

The Woman's Board Award
NORMA JEAN BULMAN

The Woman's Board Award
CHERYL GENE GOLAY

The Woman's Board Award
DIANE LYNN JURGENS

The Woman's Board Award
ALICE CAROL KERR GRABER

The Woman's Board Award
ALTA LOVELL SHERWIN

DISTINGUISHED SERVICE MEDALLIONS AWARDED

Two members of the board of trustees and two attending staff members were honored this year for service to Presbyterian-St. Luke's Hospital.

Philip R. Clarke, Solomon A. Smith, Foster L. McMillan, M.D., and George W. Stuppy, M.D., were awarded distinguished service medallions at the hospital's annual trustee-medical staff dinner held at the University Club of Chicago. John P. Bent, chairman of the board of trustees, presented the medallions before more than 200 members of the medical staff and the board.



Solomon A. Smith



Philip R. Clarke

Philip R. Clarke, prominent Chicago businessman, joined the Presbyterian Hospital board in 1939 and served as president of that board for several years. Clark engineered an issue of First Mortgage Serial bonds in 1958 to secure funds for the Jelke Memorial Building. Within two weeks of the issue date, hospital officials received a check for \$5,500,000—the amount of the total issue.

Solomon A. Smith, chairman of the board of the Northern Trust Company, was appointed to the Presbyterian Hospital board 46 years ago. He served as treasurer of the hospital board from 1923 through 1960 and was also chairman of the investment committee. He has for many years continued to carry responsibility for the financial management of the hospital.



Foster L. McMillan, M.D.

Dr. Foster L. McMillan, an attending surgeon, joined St. Luke's Hospital medical staff in 1929. He served as vice-president of the medical staff and was president when the two hospitals merged in 1956. Dr. George W. Stuppy, attending staff internist, joined Presbyterian Hospital in 1935. Elected president of the medical staff in 1957, he served in that capacity through the physical merger. He became the first president of the combined medical staffs in 1959. Drs. McMillan and Stuppy provided vital leadership at a time when strong hands at the helm were so necessary. During their terms, they authorized the by-laws under which the 400-member medical staff now operates.



George W. Stuppy, M.D.

FASHION SHOW NETS \$50,000 FOR HOSPITAL

The Woman's Board of Presbyterian-St. Luke's Hospital will present approximately \$50,000 to the hospital as proceeds from the 1962 fashion show. More than three thousand persons witnessed the display of fashions from around the world as the Woman's Board presented "Passport to Fashion" September 26. For the second year, the Northern Trust Company served as collaborator for the show.

Mrs. Gardner H. Stern, chairman of the 1962 show, was aided by Mrs. A. Watson Armour, III, vice-chairman. Fashion show guests accompanied "Mrs. Dearborn of Chicago" as she traveled by plane and ship around the world. Departing from Chicago, she flew to San Francisco, Tokyo, Stockholm, Paris, Rome, and London. The finale depicted the Captain's Dinner aboard ship on the return trip to the United States. The show featured 77 mannequins and 22 children.

new officers

Mrs. George S. Chappell, Jr., has been re-elected president of the Woman's Board for 1963. Other officers installed at the annual October meeting include two assistants to Mrs. Chappell: Mrs. Charles Balfanz for finance; and Mrs. John Quincy Adams, Jr., coordinator.

Mrs. J. Bernard Mullen, Jr., will act as the first vice-president. Other vice-presidents are Mrs. Paul H. Holinger, Mrs. Edwin N. Irons, Mrs. Halford H. Kittleman, and Mrs. Jeffrey R. Short, Jr. Recording secretary is Mrs. John M. McDonald; assistant recording secretary, Mrs. Herbert P. McLaughlin. Mrs. John F. Vickrey serves as treasurer with the help of Mrs. Loomis I. Lincoln, assistant treasurer. Mrs. Mark S. Willing is fashion show and supplement treasurer.

Co-chairmen for the 1963 supplement, "Promise," will be Mrs. Harry J. Boysen and Mrs. Laura Sartelle Brooks. The chairman for the 1963 fashion show has not been selected.



SIX "THORNE ROOMS" GIVEN TO PEDIATRICS

A completely reorganized and refurbished pediatric department of 90-beds opened this summer. The cost of furniture and redecorating, some \$30,000, was underwritten by the Woman's Board. Miss Cornelia Conger served as the decorator.

Under the direction of Dr. Joseph R. Christian, chairman of the pediatric department, facilities have been organized to provide optimum care for pre-adolescents, and those requiring isolation. Within the new 27-bed isolation unit is an eight-bed intensive unit for post-operative care of infants with congenital defects.

A 12-bed unit for patients aged 13-18 is the first in the Chicago area. The physical separation of teenagers from both adults and infants aids their recuperation and allows for their particular care problems.

A highlight of the modernized department is the inclusion of six miniature rooms, executed and presented to Presbyterian-St. Luke's Hospital by Mrs. James Ward Thorne. The rooms are installed at a child's eye-level across from the reception desk at the intersection of three halls.

"Every child admitted will see and enjoy these rooms. I'm sure they will provide endless hours of enjoyment for the children," said Dr. Christian in thanking Mrs. Thorne.

The Presbyterian-St. Luke's Hospital REVIEW

- ★ *has received the Malcom T. MacEachern*
- ★ *Citation for excellence for 1962.*
- ★ *The award was presented by*
- ★ *Hospital Management magazine at the*
- ★ *American Hospital Association*
- ★ *convention in Chicago Sept. 17.*
- ★ *The competition for this award includes*
- ★ *hospitals located throughout the*
- ★ *United States and Canada.*

Norman A. Brady, hospital director, presided at a seminar June 7 on hospital patient rehabilitation. More than 60 hospital administrators and physicians attended the meeting which was sponsored by the Chicago Heart Association. Brady has been reappointed a member of the rehabilitation committee of the Chicago Heart Association. Brady also served as a panel member at the fifth seminar of the International Society of Food Service Consultants held in May in Chicago.

Richard S. Slottow, hospital development and public relations director, was one of the "outstanding alumni" honored by the Northwestern University Alumni Association at commencement exercises June 16. Others honored included Arthur J. Goldberg, Justice of the Supreme Court; James M. Nabrit, Jr., president of Howard University; Edgar May, Pulitzer Prize winning journalist; and Herbert Prochnow, president of The First National Bank of Chicago.

VOLUME ONE, NUMBER ONE

Steven G. Economou, M.D., attending staff surgeon, oversees the layout of Volume One, Number One, of the Presbyterian-St. Luke's Hospital Medical Bulletin which was published this summer. As editor, Dr. Economou is responsible for the quarterly publication which contains both clinical and research articles by attending staff members and guests. The bulletin is sponsored by the Alumni Foundation and distributed to some 5,000 physicians, medical schools, teaching hospitals, and medical libraries in the United States and Canada. The bulletin has been selected for regular indexing by Index Medicus of the National Library of Medicine.



Associate Director Named

Richard A. Carlton, M.D., has been named associate director of the section of cardio-respiratory diseases. Dr. Carlton has also been appointed an assistant professor at the University of Illinois College of Medicine.

He is a graduate of Dartmouth College and Harvard Medical School. He served his internship and received residency training at Boston City Hospital. He was a research fellow in the cardiology division, Thorndike Memorial Laboratories and was a senior medical resident at the Boston Veterans Administration Hospital from 1959 through 1960. As a Lt. Commander in the Navy, he was instructor in cardiology at the U.S. Naval School of Aviation Medicine, Pensacola, Fla.



New Administrative Resident

Thomas L. Flickinger, 23, is currently serving a one-year administrative residency at Presbyterian-St. Luke's Hospital under the guidance of Norman A. Brady, hospital director.

Flickinger received his degree in business administration from the State University of Iowa in 1961. During the past year, he has been in the university's graduate program in hospital administration and will receive his master's degree in this field upon completion of the residency program.



Dr. Economou and artist Grant Hoekstra arrange pictures and copy on a "light table."



MEDICAL STAFF ACTIVITIES

Dr. Paul W. Searles has been appointed to the Advisory Board of the American Association of Inhalation Therapists. He also spoke at the 108th annual session of the Medical Association of Georgia held in Savannah. His topic was "Selection of Anesthetic Agents and Techniques."

Dr. John T. Reynolds spoke on "Management of Intestinal Obstruction in the Aged" at the American Geriatrics Society meeting held June 19 in Chicago.

Dr. Robert W. Carton spoke on "Disability Evaluation and Functional Impairment in Pulmonary Disease" at the American Medical Association meeting June 25 in Chicago.

Dr. Geza de Takats served as moderator for a panel on "Cerebral Vaso-occlusive Disease" presented before the American Therapeutic Society June 23 in Chicago.

Dr. Friedrich Deinhardt spoke on "Virus Vaccines as Preventive Medicine" at the American Therapeutic Society meeting June 23.

Dr. Samuel G. Taylor III attended the 8th International Cancer Congress July 22 through 28 in Moscow, Russia. Dr. Taylor presented a paper on "Biochemical Changes Produced by Cancer Surgery." He also visited a cancer research center in Stockholm, Sweden, on his return trip.

Dr. Frances E. Knock presented "Evaluation of Radical Cardio-omentopexy for Myocardial Revascularization" before the International College of Angiology June 22. The paper was awarded an Honors Certificate by the college.

Dr. Edward J. Beattie, Jr. has been appointed to the editorial boards of two professional journals: Journal of Thoracic and Cardiovascular Surgery; and Pediatric Digest.

Dr. John W. Curtin presented "A Surgeon's Evaluation of the Cleft Palate Team" August 6 before the Cleft Palate Center, Western Reserve University, Cleveland. He was also recently elected to membership in the Central Surgical Society.

Dr. Edwin F. Hirsch was an exhibitor at the AMA convention held in Chicago during June. His display concerned "Cardiac Innervation in Vertebrates."



Dr. Richard H. Andresen was one of five physicians in the country elected a Fellow of the American Gynecological Society. Organized in 1876, the group is one of the oldest specialty societies in the United States. Candidates for fellowship must have been in practice at least ten years, be nominated by two present fellows, and deliver an original paper before the annual meeting of the society. The final requisite for election is an affirmative vote by three-quarters of the members. The total number of fellows is limited to 100.

Dr. Paul H. Holinger has been named chairman of the Medical and Scientific Committee of the American Cancer Society, Illinois division. Dr. Holinger is also a member of the Executive Committee and Board of Directors of the American Cancer Society.

Dr. Robert M. Kark spoke at the International Symposium on "The Role of Food in World Peace" at Ohio State University early this summer.

Dr. James A. Campbell took part in a Teaching Institute Planning Committee meeting July 24 in New York City. The committee is part of the Association of American Medical Colleges. June 21, Dr. Campbell attended the Internship Review Committee meeting of the AMA held in Chicago.

Dr. Albert H. Andrews, Jr. has been elected president of the Chicago Laryngological and Otological Society.

Dr. Harry Boysen has been named president-elect of the Chicago Gynecological Society for 1962-63.



Dr. Edwin C. Graf has been elected president of the Chicago Urological Society. He will be aided in his duties by Dr. James H. McDonald, who has been named vice-president of the society.



Dr. Noel G. Shaw has been elected secretary of the Chicago Medical Society and named editor of "Chicago Medicine," their weekly publication. Dr. Shaw is immediate past president of the Illinois Association for Maternal and Infant Health.

Presbyterian-St. Luke's Hospital

MEMORIAL FUND

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*Contributions in memory of the above persons were received
by the hospital between April 1, and Sept. 25, 1962.*

REVIEW

Presbyterian-St. Luke's Hospital
1753 West Congress Parkway
Chicago 12, Illinois

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